

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)  
Commander  
B Co, 1-41 Inf  
Fort Atterbury, IN 01100

2. TO (Include ZIP Code)  
CDR HRC-Alexandria  
2461 Eisenhower Ave  
Alexandria, VA 22332

3. FROM (Include ZIP Code)  
SSG Jason Smith  
B Co, 1-41 Inf  
Fort Atterbury, IN 01100

**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)  
SMITH, Jason, L.

5. GRADE OR RANK/PMOS/AOC  
SSG/31W

6. SOCIAL SECURITY NUMBER  
123-45-6789

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Assignment to Army Attache Duty
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)  
SIGNATURE

10. DATE (YYYYMMDD)  
20020415

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

- Soldier will extend or reenlist to meet service remaining requirements for this assignment.
- POC for questions concerning this action is SFC Daniel R. Vidis, Army Attache Management Division, Comm (301) 677-3901, DSN 622-3901

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE  
IAM N. CHARGE, CPT, IN, Commanding

13. SIGNATURE  
SIGNATURE

14. DATE (YYYYMMDD)  
20020417